

Department of the Secretary of State

Bureau of Motor Vehicles

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Deputy Secretary of State

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IRP REGISTRANT CERTIFICATION

This form must be completed by the registrant, or a person duly authorized to conduct business on behalf of the registrant, prior to renewing any IRP Fleet Registration.

1.	Does your company have its own Operating Authority?				
	☐ YES	□ NO – PRIVAT	TE PROPERTY	☐ NO – EXEMPT FOR HIRE	
	☐ NO – LEASED FOR AUTHORITY				
	The name of the Com	pany Leased to		DOT#	_
2.	Did the renewal fleet accrue distance in Maine during the distance reporting period applicable to the renewal registration year (Schedule B should reflect actual mileage for Maine) or, if there was no fleet operation during the reporting period, did the fleet accrue distance in Maine during the previous registration year?				
	☐ YES	□ NO (If 'NO',	stop, you are not el	gible to base in Maine)	
3.	business and staffed to managing its trucking	by one or more perm related business? T	anent employees du he street address of	se a physical structure in Maine that is open fo ring normal business hours for the purpose of the physical structure must be specified in the iments verifying the reported address.	
	☐ YES	☐ NO (If 'YES	', please skip questi	on #4)	
4.				n Maine? The IRP Office will require at least roof of Residency' on the IRP Renewal Letter).	
	☐ YES	☐ NO (If Ques	stions #3 and #4 are	'NO', stop, you are not eligible to base in Main	e)
5.	Are the operational records for the renewal fleet maintained at the established place of business in Maine or if your company does not have an established place of business, at the residence in Maine?				
	☐ YES	☐ NO (If 'YES	', please skip questi	on #6)	
6.	If not, can the operati	onal records be mad	e available at the de	signated base location in the event of an audit	?
	☐ YES	☐ NO (If Ques	stions #5 and #6 are	'NO', stop, you are not eligible to base in Main	e)
knowle of Mair	dge, information, and be ne. I/we understand tha et the IRP basing requir	elief and the compar t if, after the renewal	y named below does registration(s) is iss	n are true and correct to the best of my/our is meet the IRP basing requirements for the Staued, it is later determined that the company do ration(s) may be cancelled and fees will not be	es
NAME OF	COMPANY		IRP ACCOUNT N	UMBER	
SIGNATUR	RE OF AUTHORIZED OFFICIAL(S)		PRINT NAME OF	AUTHORIZED OFFICIAL(S)	
TITLE(S)			DATE		